

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 2					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. SP0700-02-D-9406			2. DELIVERY ORDER NO. 0567		3. DATE OF ORDER (YYMMDD) 2002 AUG 20		4. REQUISITION/PURCH REQUEST NO. YPC02232000639		5. PRIORITY				
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010				7. ADMINISTERED BY (If other than 6) S4418A DCMA BELL HELICOPTER TEXTRON ATTN DCMDS-RBW PO BOX 1605 FT WORTH TEXAS 76101-1605		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)							
9. CONTRACTOR BELL HELICOPTER TEXTRON INC 600 E HURST BLVD HURST TX 76053			10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15				
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			15. PAYMENT WILL BE MADE BY DFAS DFAS - COLUMBUS CENTER ATTN: DFAS CO BVD 3990 E BROAD ST COLUMBUS, OH 43218-6203		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER								
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
		Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment. SEE SECTION E-4 FOR LOCATION OF INSPECTION/ACCEPTANCE											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. 24. UNITED STATES OF AMERICA BY: POPS Auto Award CONTRACTING/ORDERING OFFICER					25. TOTAL \$ 457.50		29. DIFFERENCE						
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO. 32. PAID BY		30. INITIALS 33. AMOUNT VERIFIED CORRECT FOR				
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				34. CHECK NUMBER 35. BILL OF LADING NO.				
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 320

P/N 204-060-039-101 Manufacturer's CAGE - 204-0

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC02232000639	10	EA	45.75	457.50
	NSN 4730-01-186-4433				

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIG
ACCEPTANCE POINT: ORIG

DELIVERY FOB: ORIGIN BY: 2002 SEP 10

PARCEL POST ADDRESS:
FREIGHT ADDRESS
SR W3VA CO B FSB SARSS 1
TASK FORCE FALCON SSA
CAMP ABLE SENTRY PETROVIC AF
SKOPJE MACEDONIA OYOC

FREIGHT ADDRESS:
W90A0D
SR W3VA CO B FSB SARSS 1
TASK FORCE FALCON SSA
CAMP ABLE SENTRY PETROVIC AF
SKOPJE MACEDONIA OYOC

M/F: (TCN) W90A0D22280652
RDD: 11-sep-02 PROJ: 9FV

FOR GOVERNMENT USE ONLY: 12
END OF AWARD